

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012592	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2007
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NAME OF PROVIDER OR SUPPLIER BIRMINGHAM CENTRAL DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 728 RICHARD ARRINGTON BLVD, SOUTH BIRMINGHAM, AL 35233
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 240	<p>405.2139(a) MEDICAL RECORD: ORDERS</p> <p>All medical records contain diagnostic and therapeutic orders.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records, policies and procedures and interviews the facility failed to follow the physician standing orders for Tuberculosis (TB) Skin Tests for nine of ten records.</p> <p>The Standing Orders for Birmingham Central included, "TB Skin Test: All newly diagnosed ESRD patients will have TB Skin Testing within the first seven days of chronic dialysis unless otherwise directed by MD (Medical Director)...."</p> <p>The policy and procedure, dated 1/5/03, titled "Tuberculosis Infection Control Policy included, "Tuberculosis Screening. All permanent patients must be screened for TB utilizing the two step Purified Protein Derivative (PPD) skin test prior to admission. Documentation by physician of test results must be on file. In the event that a PPD cannot be obtained or is contraindicated, the attending physician must be notified, and a negative chest x-ray, completed within three months prior to admission, must be obtained....."</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Medical Record (MR) # 1 was admitted on 11/04 with diagnoses including Hypertension (HTN) and End Stage Renal Disease (ESRD). A review of the medical record revealed no documentation of a TB skin test or chest X-ray. 2. MR # 2 was admitted on 4/10/03 with 	V 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 240	<p>Continued From page 1</p> <p>diagnoses including HTN and Diabetes Mellitus (DM). A review of the medical record revealed no documentation of a TB skin test or chest X-ray being completed until 6/18/07.</p> <p>3. MR # 3 was admitted on 9/30/04 with diagnoses including Sickle Cell Anemia and HTN. A review of the medical record revealed no documentation of a TB skin test or chest X-ray.</p> <p>4. MR # 4 was admitted on 7/31/06 with diagnoses including DM and HTN. A review of the medical record revealed no documentation of a TB skin test or chest X-ray until 6/17/07.</p> <p>5. MR # 5 was admitted on 11/6/06 with diagnoses including DM and ESRD. A review of the medical record revealed no documentation of a TB skin test or chest X-ray until 6/15/07.</p> <p>6. MR # 6 was admitted on 12/1/06 with diagnoses including Glomerulonephritis and ESRD. A review of the medical record revealed no documentation of a TB skin test or chest X-ray until 6/04/07.</p> <p>7. MR # 8 was admitted on 08/19/04 with diagnosis of ESRD. A review of the medical record revealed no documentation of a TB skin test or chest X-ray until 6/14/07.</p> <p>8. MR # 9 was admitted on 2/19/02 with diagnoses including DM and ESRD. A review of the medical record revealed documentation of a TB skin test on 1/13/04 and 4/6/06.</p> <p>9. MR # 10 was admitted on 8/17/06 with diagnoses including HTN and ESRD. A review of the medical record revealed no documentation of</p>	V 240			

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V 240	Continued From page 2 a TB skin test or chest X-ray until 6/14/07. DEBBIE WETZEL, REGISTERED NURSE	V 240		